

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

0 3

1 9

2 0 0 7

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		941820.56
(b) Cash on Hand at Beginning of Reporting Period	799166.04	
(c) Total Receipts (from Line 19)	272154.32	1675164.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1071320.36	2616985.32
7. Total Disbursements (from Line 31)	32532.78	1578197.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1038787.58	1038787.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	168111.84	725083.44
(i) Itemized (use Schedule A)	72562.23	387847.58
(ii) Unitemized	240674.07	1112931.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	6666.00
(c) Other Political Committees (such as PACs)	240674.07	1119597.02
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	30907.29	521045.29
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	29000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	572.96	4022.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	272154.32	1675164.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	272154.32	1675164.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	532.78	50365.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	532.78	50365.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	1258897.82
24. Independent Expenditure (use Schedule E)	0.00	267394.29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1540.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1540.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32532.78	1578197.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32532.78	1578197.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	240674.07	1119597.02
34. Total Contribution Refunds (from Line 28(d))	0.00	1540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	240674.07	1118057.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	532.78	50365.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	29000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	532.78	21365.63

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debi H. Tucker, Esq.
Mailing Address 1101 N. Kentucky Street

City State Zip Code
Arlington VA 22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439247

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gordon Lewis
Mailing Address 2000 Campbell Drive

City State Zip Code
Torrington WY 82240-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439253

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark R Stoddard
Mailing Address 48 West 1500 North

City State Zip Code
Nephi UT 84648-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Valley Medical CenterOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	0	6

Transaction ID: 13439262

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: 13439277

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Jim L Mayo

Mailing Address 1250 South 18th Street

City State Zip Code
 Fernandina Beach FL 32034-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center Nassau

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 6

Transaction ID: 13440802

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steven B. Poage

Mailing Address 3401 SW Alameda

City State Zip Code
 Topeka KS 66614-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Association

Occupation
Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Gerald J Marquette Mailing Address 1400 West Fourth City State Zip Code Coffeyville KS 67337-3306 FEC ID number of contributing federal political committee. C Name of Employer Coffeyville Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: 13442642 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Nancy Allen Mailing Address P.O. Box 129 City State Zip Code Lawton OK 73502-0129 FEC ID number of contributing federal political committee. C Name of Employer Comanche County Memorial Hospital Occupation Manager, Medical Account Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: 13442644 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer Mailing Address 325 Maine Street City State Zip Code Lawrence KS 66044-1360 FEC ID number of contributing federal political committee. C Name of Employer Lawrence Memorial Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6 Transaction ID: 13442665 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John C. Peterson

Mailing Address 2841 SW Plass Avenue

City	State	Zip Code
Topeka	KS	66611-1629

FEC ID number of contributing
federal political committee.**C**Name of Employer
Capitol Strategies, LLC/K-
ansas HospitaOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: 13442671

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard L Allen

Mailing Address P O Box 1289

City	State	Zip Code
Manhattan	KS	66505-1289

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Regional Health Cen-
terOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: 13442673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven D Wilkinson

Mailing Address 5721 West 119th Street

City	State	Zip Code
Overland Park	KS	66209-3722

FEC ID number of contributing
federal political committee.**C**Name of Employer
Menorah Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: 13442678

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Irene M Cumming
Mailing Address 3901 Rainbow Boulevard

City State Zip Code
Kansas City KS 66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Hosp-
ital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442697

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin P Conlin
Mailing Address 3720 East Bayley

City State Zip Code
Wichita KS 67218-3002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 13442706

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Vince Ford
Mailing Address 9 Marrob Court

City State Zip Code
Columbia SC 29203-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Health Alliance

Occupation
Sr. Vice President, Community Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13489385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert Z. Vovak
Mailing Address 9326 Perglen Road

City State Zip Code
Baltimore MD 21236-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation
Sr. Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13489407

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)
Mr. Paul A. Sokolowski
Mailing Address 12891 Eagles View Road

City State Zip Code
Phoenix MD 21131-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation
Sr. Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: 13489408

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Mrs. Jennie R Rhinehart
Mailing Address 805 Friendship Road

City State Zip Code
Tallassee AL 36078-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: 13491281

Amount of Each Receipt this Period

501.00

SUBTOTAL of Receipts This Page (optional)

1701.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr Kenny Craik Mailing Address 3091 Carter Hill Road City State Zip Code Montgomery AL 36111-1801 FEC ID number of contributing federal political committee. C Name of Employer Occupation Gilliard Health Services Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6 Transaction ID: 13491282 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Dennis A Popp Mailing Address P O Box 218 City State Zip Code Enumclaw WA 98022-0218 FEC ID number of contributing federal political committee. C Name of Employer Occupation Enumclaw Community Hospital Administrator and Chief Executive Offi Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502759 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. David E Jaffe Mailing Address 325 Ninth Avenue, Box 359717 City State Zip Code Seattle WA 98104-2499 FEC ID number of contributing federal political committee. C Name of Employer Occupation Harborview Medical Center Executive Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13502760 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Wallen

Mailing Address 2520 Cherry Avenue

City State Zip Code
Bremerton WA 98310-4229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison Medical CenterOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502761

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. James Leonard

Mailing Address 413 Lilly Road NE

City State Zip Code
Olympia WA 98506-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence St. Peter HospitalOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502762

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregg A Davidson

Mailing Address P O Box 1376

City State Zip Code
Mount Vernon WA 98273-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skagit Valley HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jon D Smiley

Mailing Address P O Box 719

City State Zip Code
 Sunnyside WA 98944-0719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Community Hospi-
tal

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502776

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. J. Michael Rona

Mailing Address 9004 North Mercer Way

City State Zip Code
 Mercer Island WA 98040-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502777

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Len McComb

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
 Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph W. Wilczek

Mailing Address 1175 SW 296th Street

City State Zip Code
 Federal Way WA 98023-8251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Health System

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Fletcher

Mailing Address 506 Second Avenue
Suite 1200

City State Zip Code
 Seattle WA 98104-2343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Ryland (Skip) Davis

Mailing Address 101 West Eighth Avenue

City State Zip Code
 Spokane WA 99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502782

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John R White

Mailing Address 801 East Wheeler Road

City State Zip Code
Moses Lake WA 98837-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan HealthcareOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502783

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard H Peterson

Mailing Address 747 Broadway Avenue

City State Zip Code
Seattle WA 98122-4379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health ServicesOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502784

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Victoria S. Galanti

Mailing Address 300 Elliott Avenue W.
Ste. 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
AssociationOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	6

Transaction ID: 13502785

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy J Bitting

Mailing Address 2901 Squalicum Parkway

City State Zip Code
 Bellingham WA 98225-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Hospital

Occupation
Regional Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 6

Transaction ID: 13502786

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Al Gatmaitan

Mailing Address 4847 E. CR 100 S.

City State Zip Code
 Avon IN 46123-8338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian West Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James J. Myers

Mailing Address 2626 Windermere Woods Drive

City State Zip Code
 Bloomington IN 47401-5451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bloomington Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Martin Padgett

Mailing Address P O Box 69

City State Zip Code
 Jeffersonville IN 47131-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505770

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. John Stewart

Mailing Address 1535 N. Park Ave.

City State Zip Code
 Indianapolis IN 46202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center of Indiana,
The

Occupation
Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505793

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)

Mr. Milton Triana

Mailing Address 1500 South Lake Park Avenue

City State Zip Code
 Hobart IN 46342-6638

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary Medical Center
(Hobart)

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13505803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505854 Amount of Each Receipt this Period 250.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Associate Director, Federal Relations Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Ms. Suzanne Raab-Long Mailing Address 1280 South Governors Avenue City Dover State DE Zip Code 19904-4802 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13505855 Amount of Each Receipt this Period 250.00
Name of Employer Delaware Healthcare Assoc-iation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President, Professional Services Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Mr. Joseph Connolly Mailing Address 56 Franklin Street City Waterbury State CT Zip Code 06706-1221 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: 13506590 Amount of Each Receipt this Period 250.00
Name of Employer Saint Mary's Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Director Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John H Tobin

Mailing Address 64 Robbins Street

City State Zip Code
Waterbury CT 06708-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waterbury HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506594

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Marna P Borgstrom

Mailing Address 789 Howard Avenue

City State Zip Code
New Haven CT 06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
temOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506595

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Stephen A. Frayne

Mailing Address 411 Old Sherman Hill Road

City State Zip Code
Woodbury CT 06798-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciationOccupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13506596

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Kimberley K. Hostetter

Mailing Address 31 Prospect Place

City State Zip Code
 Bristol CT 06010-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506597

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Patrick Charnel

Mailing Address 130 Division Street

City State Zip Code
 Derby CT 06418-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506598

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Laurence A Tanner

Mailing Address P O Box 100

City State Zip Code
 New Britain CT 06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506599

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Gerard Kiely

Mailing Address 28 Crescent Street

City State Zip Code
 Middletown CT 06457-3654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middlesex Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506600

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick J. Monahan, II

Mailing Address 2 O'Neil Lane

City State Zip Code
 Branford CT 06405-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James D. Iacobellis

Mailing Address 110 Barnes Road

City State Zip Code
 Wallingford CT 06492-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506602

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert J Trefry

Mailing Address P O Box 5000

City State Zip Code
 Bridgeport CT 06610-0120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506603

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. John J Meehan

Mailing Address P O Box 5037

City State Zip Code
 Hartford CT 06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506604

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. John J. Brady, III

Mailing Address 5 Lynnbrook Road

City State Zip Code
 Trumbull CT 06611-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Association

Occupation
Vice President, Business Development &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506605

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 228

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lucille A Janatka
Mailing Address 435 Lewis Avenue

City State Zip Code
Meriden CT 06451-2101

FEC ID number of contributing federal political committee.

C

Name of Employer
MidState Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506606

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr Kyle Ballou
Mailing Address 20 York Street

City State Zip Code
New Haven CT 06510-3220

FEC ID number of contributing federal political committee.

C

Name of Employer
Yale-New Haven HospitalOccupation
Administrative Director Community and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506607

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard A Brvenik, , FACHE
Mailing Address 112 Mansfield Avenue

City State Zip Code
Willimantic CT 06226-2041

FEC ID number of contributing federal political committee.

C

Name of Employer
Windham Community Memorial HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506608

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary Lyon
Mailing Address 12 Wildlife Drive

City State Zip Code
Wallingford CT 06492-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506609

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr David R Newton
Mailing Address P O Box 100

City State Zip Code
New Britain CT 06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506610

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Clarence J Silvia
Mailing Address 81 Meriden Avenue

City State Zip Code
Southington CT 06489-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Memorial Hospital
and Health C

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506611

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joel R Reich, , M.D.

Mailing Address 71 Haynes Street

City State Zip Code
 Manchester CT 06040-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Connecticut Health
Network

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Rogoz

Mailing Address 81 Meriden Avenue

City State Zip Code
 Southington CT 06489-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Memorial Hospital
and Health C

Occupation
Vice President Finance and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Martin L. Levine

Mailing Address 19 Carter Lane

City State Zip Code
 Glastonbury CT 06033-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Community Memorial
Hospital

Occupation
Administrator Director Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506614

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Steven D Hanks, , M.D.

Mailing Address P O Box 100

City

New Britain

State

CT

Zip Code

06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506615

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven A. Godfrey

Mailing Address Post Office Box 100

City

New Britain

State

CT

Zip Code

06050-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Connecticut Health
Alliance

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr J Kevin Kinsella

Mailing Address P O Box 5037

City

Hartford

State

CT

Zip Code

06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen L Meredith

Mailing Address 910 Wallace Avenue

City State Zip Code
 Leitchfield KY 42754-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Lakes Regional Medic-
al Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jack G. Blackwell

Mailing Address 520 24th Street

City State Zip Code
 Ashland KY 41101-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of Bellefonte Ho-
spital

Occupation
Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Harold C Warman, , FACHE

Mailing Address P O Box 668

City State Zip Code
 Prestonsburg KY 41653-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highlands Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506662

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mrs. Joann Anderson
Mailing Address 911 Bypass Road

City State Zip Code
Pikeville KY 41501-1689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikeville Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506666

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. O David Bevins, , CHE
Mailing Address 540 Jett Drive

City State Zip Code
Jackson KY 41339-9622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky River Medical Ce-
nter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: 13506667

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul J. DellaRocco
Mailing Address 30 Warren Street

City State Zip Code
Boston MA 02135-3602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franciscan Hospital for
Children and R

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506690

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jennifer D. Jackson

Mailing Address 61 Hickory Lane

City State Zip Code
 Madison CT 06443-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Hospital Asso-
ciation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506692

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Warren Tardy

Mailing Address 310 25th Avenue North
Suite 101

City State Zip Code
 Nashville TN 37203-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Policy Management
Group

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 8 / 2 0 0 6

Transaction ID: 13506694

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen A. Wolfe

Mailing Address 835 Hospital Road
P.O. Box 788

City State Zip Code
 Indiana PA 15701-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Regional Medical
Center

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509226

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 228

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert J Laskowski, M.D.

Mailing Address P O Box 1668

City

Wilmington

State

DE

Zip Code

19899-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509229

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Corrigan

Mailing Address 200 Hygeia Drive

City

Newark

State

DE

Zip Code

19713-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Health System

Occupation

Vice President/Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509230

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Edward J. Quinlan

Mailing Address 20 River Run

City

East Greenwich

State

RI

Zip Code

02818-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Association of
Rhode Island

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13509244

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert A. Malson

Mailing Address 1850 Redwood Terrace, NW

City State Zip Code
 Washington DC 20012-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
District of Columbia Hosp-
ital Associat

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 6

Transaction ID: 13512097

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street
Suite 2300

City State Zip Code
 Minneapolis MN 55402-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard, Street & Deinard,
PA

Occupation
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13512330

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.21

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13512345

Amount of Each Receipt this Period

45.45

SUBTOTAL of Receipts This Page (optional)

670.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Carl W Bailey

Mailing Address P O Box 818

City State Zip Code
 Florence AL 35631-0818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eliza Coffee Memorial Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515315

Amount of Each Receipt this Period

526.00

B. Full Name (Last, First, Middle Initial)

Mr. Allen P Fletcher

Mailing Address P O Box 2208

City State Zip Code
 Anniston AL 36202-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Alabama Regional
Medical Cen

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515316

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Sammy Watson

Mailing Address 809 University Boulevard E.

City State Zip Code
 Tuscaloosa AL 35401-2071

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCH Health System

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515320

Amount of Each Receipt this Period

420.00

SUBTOTAL of Receipts This Page (optional)

1446.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. A. Elizabeth Anderson

Mailing Address 6600 Apple Cross Drive North

City State Zip Code
 Mobile AL 36695-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
USA Children's and Women's
Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515323

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

B. Ms. Shirley Holland

Mailing Address 161 Lila Lane

City State Zip Code
 Boones Mill VA 24065-3749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515689

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Kevin Renan

Mailing Address 11502 Culpeper Court

City State Zip Code
 Spotsylvania VA 22553-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicorp Health System

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515694

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Barbara Kane Mailing Address 7102 Massaponax Church City State Zip Code Spotsylvania VA 22553-2228 FEC ID number of contributing federal political committee. C Name of Employer Mary Washington Hospital Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515700 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. M. Frank Heisey Mailing Address 238 Fairway Circle City State Zip Code Cross Junction VA 22625-2018 FEC ID number of contributing federal political committee. C Name of Employer Valley Health System Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515702 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Nancy Merritt Mailing Address 118 Corral Drive City State Zip Code Stephens City VA 22655-4809 FEC ID number of contributing federal political committee. C Name of Employer Valley Health System Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515718 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Colleen Cohen Mailing Address 10205 Conn Avenue City Falls Church State VA Zip Code 20895 FEC ID number of contributing federal political committee. C Name of Employer Inova Fairfax Hospital Occupation Dir, Ambulatory Childrens Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515719 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Karen Drenkard Mailing Address 2990 Telestar Court City Falls Church State VA Zip Code 22042-1207 FEC ID number of contributing federal political committee. C Name of Employer Inova Health System Occupation Chief Nurse Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515721 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr. Mailing Address 3131 Rivanna Court City Woodbridge State VA Zip Code 22192-3373 FEC ID number of contributing federal political committee. C Name of Employer Potomac Hospital Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: 13515725 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Jean M. Brereton

Mailing Address 106 Cahill Drive

City	State	Zip Code
Alexandria	VA	22304-6445

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inova Health SystemOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515730

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Sharon Zrioka

Mailing Address 5109 Wyndham Rose Cove

City	State	Zip Code
Centreville	VA	20120-4138

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inova Health SystemOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515734

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Kay Hix

Mailing Address 2784 Lakeview Rd.

City	State	Zip Code
Troutville	VA	24175-2750

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carilion Health SystemOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515736

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. James Turner

Mailing Address PO Box 2140

City State Zip Code
 Roanoke VA 24009-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515743

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. W. Scott Burnette

Mailing Address P O Box 90

City State Zip Code
 South Hill VA 23970-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Memorial Health-
center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515745

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr J Thomas Ryan, , M.D.

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code
 Fredericksburg VA 22401-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation
Executive Vice President Medical Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13515747

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Carl Biggs

Mailing Address 2225 Aryness Drive

City State Zip Code
Vienna VA 22181-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515752

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Marcus G Kuhn

Mailing Address 200 Hospital Drive

City State Zip Code
Galax VA 24333-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin County Regional HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13515754

Amount of Each Receipt this Period

187.50

C. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital AssociationOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	6

Transaction ID: 13516785

Amount of Each Receipt this Period

395.00

SUBTOTAL of Receipts This Page (optional)

832.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Linda A Savino

Mailing Address 2 Centre Plaza

City

Tinton Falls

State

NJ

Zip Code

07724-9744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Hospital
of Tinton Fall

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516808

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516825

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)

Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City

Robbinsville

State

NJ

Zip Code

08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Vice President & General Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516826

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516827

Amount of Each Receipt this Period

45.00

B. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.01

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516830

Amount of Each Receipt this Period

65.83

C. Full Name (Last, First, Middle Initial)
Mr. Peter A. Kelly

Mailing Address 1 Old Farm Lane

City State Zip Code
Old Greenwich CT 06870-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christ Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516833

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

235.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Valerie S. Kantrowitz

Mailing Address 82 Millers Grove Road

City State Zip Code
Belle Mead NJ 08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516920

Amount of Each Receipt this Period

270.00

B. Full Name (Last, First, Middle Initial)
Ms. Alice J. Guttler

Mailing Address 20 Wildflower Court

City State Zip Code
Freehold NJ 07728-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraState Healthcare Sy-
stem

Occupation
Senior Vice President and Corporate Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13516960

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Ronald J. Czajkowski

Mailing Address 1 JFK Blvd
Apt 42A

City State Zip Code
Somerset NJ 08873-1789

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13517005

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

645.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Edward J. Dunn Mailing Address 305 Hickory Lane City Haddonfield State NJ Zip Code 08033-3813 FEC ID number of contributing federal political committee. C Name of Employer Virtua Health Occupation Vice President Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13517006 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Guy P. Evans Mailing Address 41 Manitto Place City Oceanport State NJ Zip Code 07757-1510 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13517010 Amount of Each Receipt this Period 145.00
C. Full Name (Last, First, Middle Initial) Mr. Richard P Miller Mailing Address 94 Brick Road, Suite 200 City Marlton State NJ Zip Code 08053-2179 FEC ID number of contributing federal political committee. C Name of Employer Virtua Health Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6 Transaction ID: 13517012 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)**1395.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Melina Dee Perdue
Mailing Address 101 Elm Avenue SE

City State Zip Code
Roanoke VA 24013-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517094

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Samuel Miller
Mailing Address 2208 Birnam Woods Court

City State Zip Code
Midlothian VA 23112-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicorp Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517096

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Maureen Moyer
Mailing Address 310 32nd Street South

City State Zip Code
Purcellville VA 20132-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Director, Corporate Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael McDermott

Mailing Address 213 Caroline Street

City State Zip Code
 Fredericksburg VA 22401-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Shannon Sinclair

Mailing Address 100 West Braddock Road

City State Zip Code
 Alexandria VA 22301-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Vice President/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall L Kelley

Mailing Address P O Box 6000

City State Zip Code
 Leesburg VA 20177-0600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Loudoun Hospital

Occupation
Senior Vice President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Adrienne Mckenna

Mailing Address 106 Atoka Drive

City	State	Zip Code
Winchester	VA	22602-6804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health SystemOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517163

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. David Levin, MD.

Mailing Address 1476 Bridge Point Trail

City	State	Zip Code
Suffolk	VA	23432-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara HealthcareOccupation
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517167

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr Robert Broermann

Mailing Address 6015 Poplar Hall Drive

City	State	Zip Code
Norfolk	VA	23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara HealthcareOccupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	6

Transaction ID: 13517168

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen Dohmann

Mailing Address 6508 Flowerdew Hundred Ct.

City State Zip Code
 Centreville VA 20120-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation
Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 6

Transaction ID: 13517170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin C Martin

Mailing Address 630 East River Street

City State Zip Code
 Elyria OH 44035-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMH Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517813

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael D Connelly

Mailing Address 615 Elsinore Place

City State Zip Code
 Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517814

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Joseph Grennan, , M.D.

Mailing Address P O Box 1790

City State Zip Code
 Youngstown OH 44501-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Health Cent-
er

Occupation
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517815

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David Jimenez

Mailing Address 615 Elsinore Place

City State Zip Code
 Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partn-
ers

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James P Reber

Mailing Address 730 West Market Street

City State Zip Code
 Lima OH 45801-4670

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Rita's Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517817

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert W Shroder

Mailing Address 667 Eastland Avenue SE

City State Zip Code
 Warren OH 44484-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Health Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew D. Williams

Mailing Address 615 Elsinore Place

City State Zip Code
 Cincinnati OH 45202-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
VP, Advocacy and Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 4 / 2 0 0 6

Transaction ID: 13517819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Edward A Eckenhoff

Mailing Address 102 Irving Street NW

City State Zip Code
 Washington DC 20010-2949

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Rehabilitation Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13519317

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms Stephanie Doughty

Mailing Address 1024 South Lemay Avenue

City State Zip Code
Fort Collins CO 80524-3998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Poudre Valley Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13521213

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Molly J. Coye, MD

Mailing Address 236 elsie st

City State Zip Code
San Francisco CA 94110-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Technology Center-
San Francisco

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 13523430

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Rolf W Knoll, M.D.

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Amit K Mody, , M.D.

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Care, Inc.

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525600

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Roche

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Steven Rosenberg

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525602

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald Straceski

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Vice President Fiancial Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas P Pipicelli

Mailing Address 326 Washington Street

City State Zip Code
Norwich CT 06360-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
William W. Backus Hospita-
l, The

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. R. Christopher Hartley

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
Senior Vice President Planning and Fac

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525605

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Dadlez

Mailing Address 893 Farmington Avenue

City State Zip Code
 West Hartford CT 06119-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Medical Cen

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525606

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: 13525717

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Louis H Bremer

Mailing Address 600 East Dixie Avenue

City State Zip Code
 Leesburg FL 34748-5925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 9 / 2 0 0 6

Transaction ID: 13525780

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James F. Caldas Mailing Address 6016 Overlea Road City State Zip Code Bethesda MD 20816-2469 FEC ID number of contributing federal political committee. C Name of Employer Washington Hospital Center Occupation President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525868 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr Janis M Orlowski, , M.D. Mailing Address 110 Irving Street NW City State Zip Code Washington DC 20010-2976 FEC ID number of contributing federal political committee. C Name of Employer Washington Hospital Center Occupation Senior Vice President Medical Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525869 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Ms. Robyn Cooke Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13525944 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary A. Pittman
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Research & Educa-
tional Trust

Occupation
President, HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525945

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Rebecca T Brewer, , FACHE
Mailing Address 501 Robertson Boulevard

City State Zip Code
Walterboro SC 29488-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colleton Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525947

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Jay Cox
Mailing Address 129 North Washington Street

City State Zip Code
Sumter SC 29150-4983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525948

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John C Hales, , FACHE

Mailing Address 500 Nelson Boulevard

City State Zip Code
 Kingstree SC 29556-4027

FEC ID number of contributing federal political committee.

C

Name of Employer
Williamsburg Regional Hos-
pitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525951

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Joe D Howell

Mailing Address 1530 North Limestone Street

City State Zip Code
 Gaffney SC 29340-4742

FEC ID number of contributing federal political committee.

C

Name of Employer
Upstate Carolina Medical
CenterOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525952

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City State Zip Code
 Columbia SC 29210-5802

FEC ID number of contributing federal political committee.

C

Name of Employer
South Carolina Hospital
AssociationOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.47

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525954

Amount of Each Receipt this Period

115.41

SUBTOTAL of Receipts This Page (optional)

615.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Catherine E. Leubbert

Mailing Address 160 Tradd Circle

City State Zip Code
 Sumter SC 29150-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Director of Physician Recruitment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregg Martin

Mailing Address 2252 Rolling Hill Lane

City State Zip Code
 Sumter SC 29150-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. George Rikard

Mailing Address 26 English Street

City State Zip Code
 Sumter SC 29150-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Corporate Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Michael Riordan

Mailing Address 4 White Crescent Lane

City State Zip Code
 Simpsonville SC 29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525958

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Allan Stalvey

Mailing Address 101 Medical Circle
 Post Office Box 6009

City State Zip Code
 West Columbia SC 29169-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital
Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.47

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525959

Amount of Each Receipt this Period

115.41

Full Name (Last, First, Middle Initial)

C. Mr. Doug White

Mailing Address 809 82nd Parkway

City State Zip Code
 Myrtle Beach SC 29572-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand Strand Regional Med-
ical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525960

Amount of Each Receipt this Period

505.00

SUBTOTAL of Receipts This Page (optional)

1120.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John R White
Mailing Address 801 East Wheeler Road

City State Zip Code
Moses Lake WA 98837-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Healthcare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525963

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis E Burke
Mailing Address 610 NW 11th Street

City State Zip Code
Hermiston OR 97838-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Shepherd Healthcare
System

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525966

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. George N. Miller
Mailing Address One South Limestone Street

City State Zip Code
Springfield OH 45502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Healthcare Partners

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13525995

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Alan W Brass, , FACHE Mailing Address 1801 Richards Road City Toledo State OH Zip Code 43607-1037 FEC ID number of contributing federal political committee. C Name of Employer ProMedica Health System Occupation Chief Executive Officer and President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13525996 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Mr. Randy Oostra Mailing Address 21 Tremore Way City Holland State OH Zip Code 43528-9108 FEC ID number of contributing federal political committee. C Name of Employer ProMedica Health System Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13525997 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Ms. Barbara Steele Mailing Address 2142 North Cove Boulevard City Toledo State OH Zip Code 43606-3896 FEC ID number of contributing federal political committee. C Name of Employer Toledo Hospital, The Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13525998 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Charles P Swisher, , FACHE

Mailing Address P O Box 907

City

Fostoria

State

OH

Zip Code

44830-0907

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fostoria Community Hospital

Occupation

Corporate Vice President Government Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13525999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John E Horns

Mailing Address 1200 Ralston Avenue

City

Defiance

State

OH

Zip Code

43512-1396

FEC ID number of contributing
federal political committee.**C**Name of Employer
Defiance Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526000

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City

Granville

State

OH

Zip Code

43023-1428

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526005

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526007

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
Dr. David Engler, PhD
Mailing Address 323 Pebble Creek Drive

City State Zip Code
Dublin OH 43017-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Sr. Dir. Data Services & V.P. REF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526008

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Bridget A. Gargan
Mailing Address 54 West Weisheimer Road

City State Zip Code
Columbus OH 43214-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City	State	Zip Code
Granville	OH	43023-1428

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526013

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City	State	Zip Code
Bexley	OH	43209-1612

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital AssociationOccupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles Cataline

Mailing Address 111 E. Frankfort St.

City	State	Zip Code
Columbus	OH	43206-2011

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital AssociationOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526015

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary M. Yost
Mailing Address 924 Riva Ridge Boulevard

City State Zip Code
Gahanna OH 43230-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526017

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. James R. Castle
Mailing Address 815 Gatehouse Lane

City State Zip Code
Columbus OH 43235-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526018

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Rick Sites
Mailing Address 1312 Smalwood Drive

City State Zip Code
Columbus OH 43235-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Staff Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526020

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526021

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary L. Gallagher

Mailing Address 205 Fallis Road

City State Zip Code
Columbus OH 43214-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526024

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526025

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Klingler
Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, State Policy & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526026

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. John E. Callender
Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526028

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan Stanfield
Mailing Address 6218 Muirlock Court

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13526029

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526031

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital AssociationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13526033

Amount of Each Receipt this Period

187.50

C. Full Name (Last, First, Middle Initial)
Mr Robert Christie

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pitalOccupation
Vice President, Government and Legisla

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13528505

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

562.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Clifford L Corbett
Mailing Address 150 West High Street

City State Zip Code
Morris IL 60450-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris Hospital & Health-
care Centers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528506

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Dean M Harrison
Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528508

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. William B Leaver
Mailing Address 2701 17th Street

City State Zip Code
Rock Island IL 61201-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Medical Center-We-
st

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City State Zip Code
Glenview IL 60026-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health CareOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13528511

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin P Poorten

Mailing Address P O Box 707

City State Zip Code
Dekalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kish Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13528512

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Jean Przybylek

Mailing Address 306 Highland

City State Zip Code
Elmhurst IL 60126-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pitalOccupation
Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13528513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert G Senneff, FACHE

Mailing Address 210 West Walnut Street

City State Zip Code
 Princeton IL 61520-2497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graham Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528515

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528547

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528549

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

543.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528553

Amount of Each Receipt this Period

20.83

B. Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528554

Amount of Each Receipt this Period

31.25

C. Full Name (Last, First, Middle Initial)

Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528555

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Filliung
Mailing Address 1013 59th Street

City State Zip Code
Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528556

Amount of Each Receipt this Period

10.42

B. Full Name (Last, First, Middle Initial)
Mr. Brian Foster
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.89

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528557

Amount of Each Receipt this Period

20.83

C. Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat
Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.89

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13528558

Amount of Each Receipt this Period

7.81

SUBTOTAL of Receipts This Page (optional)

39.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 695.88			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13528560 Amount of Each Receipt this Period 20.83
B. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City Wheaton State IL Zip Code 60187-3317 FEC ID number of contributing federal political committee. C Name of Employer Central DuPage Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 937.50			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13529114 Amount of Each Receipt this Period 37.50
C. Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1043.75			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13529115 Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional)

89.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman
Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529117

Amount of Each Receipt this Period

10.50

B. Full Name (Last, First, Middle Initial)
Ms. Nichole Magalis
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529119

Amount of Each Receipt this Period

10.42

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges
Mailing Address 1151 E. Warrenville Road
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529120

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

52.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
 Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529123

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City State Zip Code
 Naperville IL 60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529125

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City State Zip Code
 Wheaton IL 60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.75

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13529128

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Gary A Meyer

Mailing Address P O Box 2349

City State Zip Code
 Seymour IN 47274-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schneck Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547635

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Leslie Lacy

Mailing Address P O Box 547

City State Zip Code
 Saint Francis KS 67756-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cheyenne County Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547651

Amount of Each Receipt this Period

275.00

C. Full Name (Last, First, Middle Initial)

Mr. Thomas L. Bell

Mailing Address 4301 NW Valley Road

City State Zip Code
 Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.31

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547659

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Bell
Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547660

Amount of Each Receipt this Period

57.69

B. Full Name (Last, First, Middle Initial)
Mr. Fred J. Lucky
Mailing Address 14607 West 89th Street

City State Zip Code
Lenexa KS 66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547661

Amount of Each Receipt this Period

57.69

C. Full Name (Last, First, Middle Initial)
Ms. Deborah Frey Stern
Mailing Address 3010 Clark Court

City State Zip Code
Topeka KS 66604-2660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.56

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547662

Amount of Each Receipt this Period

28.86

SUBTOTAL of Receipts This Page (optional)

144.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Bruce P Bailey

Mailing Address Drawer 1718

City State Zip Code
 Georgetown SC 29442-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown Memorial Hospi-
tal

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547829

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Michael J Biediger

Mailing Address 2720 Sunset Boulevard

City State Zip Code
 West Columbia SC 29169-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547840

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Richard Boyer

Mailing Address 6143 Hampton Ridge

City State Zip Code
 Columbia SC 29209-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity Provid-
ence Hospital

Occupation
Director of Emergency Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547842

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jay Cox Mailing Address 129 North Washington Street City State Zip Code Sumter SC 29150-4983 FEC ID number of contributing federal political committee. C Name of Employer Tuomey Healthcare System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547844 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Thomas C Dandridge Mailing Address 3000 St Matthews Road City State Zip Code Orangeburg SC 29118-1442 FEC ID number of contributing federal political committee. C Name of Employer Regional Medical Center of Orangeburg Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547848 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ms Lisa Goodlett Mailing Address 3000 St Matthews Road City State Zip Code Orangeburg SC 29118-1442 FEC ID number of contributing federal political committee. C Name of Employer Regional Medical Center of Orangeburg Occupation Vice President Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13547852 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City State Zip Code
 Anderson SC 29621-1985

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMED Health Medical Center

Occupation
Director of Urgent Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547854

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Joseph Modzelewski

Mailing Address 2435 Forest Drive

City State Zip Code
 Columbia SC 29204-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity Providence Hospital

Occupation
Vice Chief of Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547855

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Michael Riordan

Mailing Address 4 White Crescent Lane

City State Zip Code
 Simpsonville SC 29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547856

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stuart Smith
Mailing Address 169 Ashley Avenue

City State Zip Code
Charleston SC 29403-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Medical Center of Me-
dical Univers

Occupation
Vice President Clinical Operations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547858

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr Frank G McDougall
Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Medic-
al Center

Occupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547889

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael B Green
Mailing Address 250 Pleasant Street

City State Zip Code
Concord NH 03301-2598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concord Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547903

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Marchozzi

Mailing Address 110 Irving Street Northwest

City State Zip Code
 Washington DC 20010-2976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Ann Campbell

Mailing Address 401 Knolls Road

City State Zip Code
 West Chester PA 19382-8254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547929

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Christopher A Chekouras

Mailing Address 483 Atsion Road

City State Zip Code
 Shamong NJ 08088-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547930

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Kolesk

Mailing Address 155 York Road

City State Zip Code
 Delran NJ 08075-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
 Langhorne PA 19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547935

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Mr. John J. Dawidowski

Mailing Address 17 Brookshire Drive

City State Zip Code
 Robbinsville NJ 08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547936

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547937

Amount of Each Receipt this Period

5.00

B. Full Name (Last, First, Middle Initial)
Mr. Guy P. Evans

Mailing Address 41 Manitto Place

City State Zip Code
Oceanport NJ 07757-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547938

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547940

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Valerie S. Kantrowitz

Mailing Address 82 Millers Grove Road

City State Zip Code
Belle Mead NJ 08502-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Senior V.P., Health Planning & Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547941

Amount of Each Receipt this Period

5.00

B. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins

Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547943

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)
Mr. John K Lloyd

Mailing Address 1350 Campus Parkway

City State Zip Code
Wall Township NJ 07753-6821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547957

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City State Zip Code
Livingston NJ 07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547958

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert Brehm

Mailing Address 1199 Pleasant Valley Way

City State Zip Code
West Orange NJ 07052-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547959

Amount of Each Receipt this Period

27.50

C. Full Name (Last, First, Middle Initial)
Ms. Belinda Brown Cooper

Mailing Address 121 Clear Creek Road

City State Zip Code
Langhorne PA 19047-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547960

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

157.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Bruce M Gans, M.D.

Mailing Address 6 Amherst Road

City State Zip Code
 Chatham NJ 07928-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kessler Institute for Reh-
abilitation

Occupation
Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547961

Amount of Each Receipt this Period

27.50

B. Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City State Zip Code
 New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.43

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547964

Amount of Each Receipt this Period

20.42

C. Full Name (Last, First, Middle Initial)

Mr. John E. Graydon

Mailing Address 93 Matlack Drive

City State Zip Code
 Voorhees NJ 08043-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547967

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

547.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Adrienne Kirby
Mailing Address 1271 Charleston Road

City State Zip Code
Cherry Hill NJ 08034-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547969

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary Long
Mailing Address 2 Meadowview Drive

City State Zip Code
Shamong NJ 08088-8596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547970

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda Wilson
Mailing Address 331 Jackson Road

City State Zip Code
Atco NJ 08004-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virtua Health

Occupation
Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547971

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John F Prochilo

Mailing Address 70 Butler Street

City State Zip Code
 Salem NH 03079-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Rehabilitation
Hospital

Occupation
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547975

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Sharon A. Gale, RN, MSN

Mailing Address 101 Cambridge Street
 220

City State Zip Code
 Burlington MA 01803-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Organization
of Nurse Ex

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549630

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr Thomas P Glynn, , Ph.D.

Mailing Address 800 Boylston Street, Ste 1150

City State Zip Code
 Boston MA 02199-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners HealthCare Syste-
m, Inc.

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549632

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anna Jaques Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549636

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

Ms. Sheila Daly

Mailing Address 201 Highland Street

City State Zip Code
Clinton MA 01510-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinton Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549637

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Ronald B Goodspeed, , M.D., M.

Mailing Address 363 Highland Avenue

City State Zip Code
Fall River MA 02720-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcoast Hospitals Group

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13549640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Perry

Mailing Address 5131 SW 168 Avenue

City State Zip Code
S.W. Ranches FL 3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Director, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550033

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Alice Phelan

Mailing Address 2970 St. Johns Avenue
#5D

City State Zip Code
Jacksonville FL 32205-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550034

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. J E Piriz

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550036

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane S. Raines

Mailing Address 4090 San Jose Boulevard

City State Zip Code
 Jacksonville FL 32207-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550039

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. C. B. Rebsamen, MD

Mailing Address 18201 Chesapeake Ct.

City State Zip Code
 Fort Myers FL 33908-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation
Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550042

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph P. Reilly

Mailing Address 1740 NE First Street

City State Zip Code
 Fort Lauderdale FL 33301-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550044

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth P. Resmini
Mailing Address 2445 N. 37th Avenue

City State Zip Code
Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Director of Compliance & Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550045

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. William J. Robinson
Mailing Address 9231 S.W. 42nd Lane

City State Zip Code
Gainesville FL 32608-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Sr. VP & Treasurer/Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550046

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr Paul M Rosenberg
Mailing Address 1600 SW Archer Road

City State Zip Code
Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550047

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Zeff Ross

Mailing Address 703 North Flamingo Road

City State Zip Code
 Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550048

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Frank V Sacco, FACHE

Mailing Address 3501 Johnson Street

City State Zip Code
 Hollywood FL 33021-5487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550049

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms Judy Sada

Mailing Address 1901 SW 172nd Avenue

City State Zip Code
 Miramar FL 33029-5592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Miramar

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550050

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven R. Sampier

Mailing Address 2830 S.W. 19th Terrace
Unit C

City State Zip Code
Fort Lauderdale FL 33315-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Director of Community Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550051

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles A Schauer, , Ph.D.

Mailing Address 3599 University Blvd South

City State Zip Code
Jacksonville FL 32216-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550052

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. David L. Schlemmer

Mailing Address 8621 NW 53rd Court

City State Zip Code
Coral Springs FL 33067-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Administrative Director of Constructio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550053

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr David Smith

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550055

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Mr Joseph Stuczynski

Mailing Address 7800 Sheridan Street

City State Zip Code
Pembroke Pines FL 33024-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Assistant Administrator Finance and Su

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550058

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms Deborah Tedder

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Operating Officer and Chief Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550059

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nina Tucker
Mailing Address 3115 N. 36th Avenue

City State Zip Code
Hollywood FL 33021-3062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550062

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Tammy Tucker
Mailing Address 9631 Ridgeside Court

City State Zip Code
Davie FL 33328-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550063

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Felicia Turnley
Mailing Address 5212 NW 67th Avenue

City State Zip Code
Lauderhill FL 33319-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrative Director, Cancer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550064

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Miguel Venereo, M.D.

Mailing Address 703 North Flamingo Road

City State Zip Code
 Pembroke Pines FL 33028-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Director Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550066

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Maggie Wiegandt

Mailing Address 19260 SW 30th Street

City State Zip Code
 Miramar FL 33029-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Asst. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550069

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. William E. Woeltjen

Mailing Address 1020 Sonato Lane

City State Zip Code
 Apollo Beach FL 33572-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550070

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Greg Zorman, M.D.
Mailing Address 5730 Arapahoe Road

City State Zip Code
Fort Lauderdale FL 33312-6354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief of Neurosurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550073

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas Baer
Mailing Address 77 Tallwood Road

City State Zip Code
Jacksonville FL 32250-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550077

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Gary S Barber
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550079

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Clifford J. Bauer
Mailing Address 401 North West 131st Avenue

City State Zip Code
Plantation FL 33325

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Ridge Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550081

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Veronica Bautista
Mailing Address 11022 Chandler Drive

City State Zip Code
Hollywood FL 33026-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550082

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Philip K Beauchamp, , FACHE
Mailing Address P O Box 210

City State Zip Code
Clearwater FL 33757-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Mease Health
Care

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550083

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Paul Belcher

Mailing Address Rt. 15, Box 241

City State Zip Code
Tallahassee FL 32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550084

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr John A Benz

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Strategic & Business Development Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550085

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr Brad Bjornstad, M.D.

Mailing Address 3100 East Fletcher Avenue

City State Zip Code
Tampa FL 33613-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Community Hospital

Occupation
Vice President Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550087

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Forest Blanton
Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator Process Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550088

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms Sue E Bradford, R.N.
Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550091

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Sue G Brody
Mailing Address 701 Sixth Street South

City State Zip Code
Saint Petersburg FL 33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550092

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Walter Bussell

Mailing Address 703 North Flamingo Road

City State Zip Code
 Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550096

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Leah A. Carpenter, BS,RN,MPA

Mailing Address 2571 SW 190th Avenue

City State Zip Code
 Miramar FL 33029-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550098

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Ms. Clarice M. Conti

Mailing Address 317 SE 4th Terrace

City State Zip Code
 Dania FL 33004-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550105

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. William A. Edelstein

Mailing Address 1930 Lakepoint Dr.

City

Weston

State

FL

Zip Code

33326-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation

Nursing Home Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550118

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Ms. Dana Ferrell

Mailing Address 807 Nira Street

City

Jacksonville

State

FL

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nemours Children's Clinic

Occupation

Director of Government Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550120

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Eric Freling

Mailing Address 2500 Princeton Court

City

Weston

State

FL

Zip Code

33327-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Hospital

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550121

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cynthia Friedewald

Mailing Address 10220 SW 12th Street

City State Zip Code
 Pembroke Pines FL 33025-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550122

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr Robert Galloway

Mailing Address 1350 South Hickory Street

City State Zip Code
 Melbourne FL 32901-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holmes Regional Medical
Center

Occupation
Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550124

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Martha Garcia

Mailing Address 7800 Sheridan Street

City State Zip Code
 Pembroke Pines FL 33024-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550125

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence F. Garrison

Mailing Address 6450 US Highway 1

City	State	Zip Code
Rockledge	FL	32955-5747

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cape Canaveral Hospital/H-
ealth FirstOccupation
Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy J Goldfarb

Mailing Address P O Box 100326

City	State	Zip Code
Gainesville	FL	32610-0326

FEC ID number of contributing
federal political committee.**C**Name of Employer
Shands at the University
of FloridaOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary M. GuaracinoMailing Address 140 Commodore Drive
Apt. 710

City	State	Zip Code
Plantation	FL	33325-2691

FEC ID number of contributing
federal political committee.**C**Name of Employer
Memorial Regional HospitalOccupation
Nursing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	6

Transaction ID: 13550131

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr Kevin R Hammeran

Mailing Address 3100 SW 62nd Avenue

City State Zip Code
 Miami FL 33155-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550133

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Ms. Elaine Hawkins

Mailing Address 9736 Commerce Center Ct.

City State Zip Code
 Fort Myers FL 33908-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Specialty Risk Management
Services

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550135

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. C. Kennon Hetlage

Mailing Address 1901 SW 172nd Avenue

City State Zip Code
 Miramar FL 33029-5592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Miramar

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550139

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stuart Hopen
Mailing Address 3831 N. 43rd Avenue

City State Zip Code
Hollywood FL 33021-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550140

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald A Hytoff
Mailing Address P O Box 1289

City State Zip Code
Tampa FL 33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550143

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard M Irwin
Mailing Address 10000 West Colonial Drive

City State Zip Code
Ocoee FL 34761-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550145

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Patricia Jackson Mailing Address 1920 South Ocean Drive Apt. 1709 City State Zip Code Fort Lauderdale FL 33316-3764 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Healthcare System Risk Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550146 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Joe Johnson Mailing Address 1055 Saxon Boulevard City State Zip Code Orange City FL 32763-8468 FEC ID number of contributing federal political committee. C Name of Employer Occupation Florida Hospital Fish Memorial President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550149 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Catherine B. Johnson Mailing Address 8390 North West 24th Court City State Zip Code Pembroke Pines FL 33024 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Hospital of Jacksonville Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13550151 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Reginald L. Jordan
Mailing Address 5510 S.W. 21st Street

City State Zip Code
Hollywood FL 33023-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Associate Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550155

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Ray Kendrick
Mailing Address 4232 Mahogany Ridge Drive

City State Zip Code
Weston FL 33331-3826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550156

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Anthony C. Kraye, III
Mailing Address 340 W. Tropicla Way

City State Zip Code
Plantation FL 33317-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Corporate Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550158

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ford Kyes

Mailing Address P O Box 12588

City

Saint Petersburg

State

FL

Zip Code

33733-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Lorraine L. Lutton

Mailing Address 6508 North River Boulevard

City

Tampa

State

FL

Zip Code

33604-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550164

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Isaac Mallah

Mailing Address P O Box 4227

City

Tampa

State

FL

Zip Code

33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dorothy J Mancini, , R.N.

Mailing Address 6401 North Federal Highway

City State Zip Code
Laud By Sea FL 33308-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperial Point Medical Ce-
nter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550168

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Stanley Marks, , M.D.

Mailing Address 3501 Johnson Street

City State Zip Code
Pembroke Pines FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Mason

Mailing Address 3909 Snapper Pointe Drive

City State Zip Code
Tampa FL 33611-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550172

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Mary McGillicuddy Mailing Address 2820 SE 19th Place City State Zip Code Cape Coral FL 33904-4015 FEC ID number of contributing federal political committee. C Name of Employer Lee Memorial Hospital Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13550183 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
125.00																																
B. Full Name (Last, First, Middle Initial) Ms. Marilyn R. Miceli Mailing Address 21538 sweetwater Lane City State Zip Code Boca Raton FL 33428-1015 FEC ID number of contributing federal political committee. C Name of Employer Memorial Regional Hospital Occupation Administrative Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13550185 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
125.00																																
C. Full Name (Last, First, Middle Initial) Mr. George Mikitarian Mailing Address 951 North Washington Avenue City State Zip Code Titusville FL 32796-2163 FEC ID number of contributing federal political committee. C Name of Employer Parrish Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13550186 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	6	125.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	0		2	0	0	6																							
125.00																																

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Matthew J Muhart

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13550194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Anthony E. Watkins, MD.

Mailing Address 1785 Redwood Terrace

City State Zip Code
Washington DC 20012-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Rand J Wortman

Mailing Address 888 Swift Boulevard

City State Zip Code
Richland WA 99352-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kadlec Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550969

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Medrice Coluccio

Mailing Address P O Box 3002

City State Zip Code
 Longview WA 98632-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550970

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Joseph M Kortum

Mailing Address P O Box 1600

City State Zip Code
 Vancouver WA 98668-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Washington Medi-
cal Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550971

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Janet True

Mailing Address 300 Elliott Avenue West
Suite 300

City State Zip Code
 Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington State Hospital
Association

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13550972

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms Terry Murphy Mailing Address 640 South State Street City State Zip Code Dover DE 19901-3597 FEC ID number of contributing federal political committee. C Name of Employer Bayhealth Medical Center Occupation Executive Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13557391 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Dennis E Klima Mailing Address 640 South State Street City State Zip Code Dover DE 19901-3597 FEC ID number of contributing federal political committee. C Name of Employer Bayhealth Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558274 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Clarence LaLiberty Mailing Address 2603 West 16th Street City State Zip Code Wilmington DE 19806-1103 FEC ID number of contributing federal political committee. C Name of Employer St. Francis Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558457 Amount of Each Receipt this Period 825.00

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms Vanessa Purnell Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2895 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Assistant Vice President Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558488 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Bradley Chambers Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2895 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558489 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Rosalie Most Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2891 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Vice President Care Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558493 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)**750.00****TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Joseph B Smith

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2895

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Harrison J Rider

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2829

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Stuart Bell, , M.D.

Mailing Address 201 East University Parkway

City	State	Zip Code
Baltimore	MD	21218-2891

FEC ID number of contributing
federal political committee.**C**Name of Employer
Union Memorial HospitalOccupation
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13558496

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 / 228
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Vanessa A. Diflumeri Mailing Address 201 East University Parkway City State Zip Code Baltimore MD 21218-2829 FEC ID number of contributing federal political committee. C Name of Employer Union Memorial Hospital Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558497 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Vahe A. Kazandjian Mailing Address 8392 Sweet Cherry Lane City State Zip Code Laurel MD 20723-1062 FEC ID number of contributing federal political committee. C Name of Employer Maryland Hospital Association Occupation Sr. Vice President, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558498 Amount of Each Receipt this Period 600.00
C. Full Name (Last, First, Middle Initial) Ms. Michele K. Matton Mailing Address 1132 Nichols Ct. City State Zip Code Millersville MD 21108-2152 FEC ID number of contributing federal political committee. C Name of Employer MedStar Health Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558502 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence M Beck

Mailing Address 5601 Loch Raven Boulevard

City State Zip Code
 Baltimore MD 21239-2995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hospital
of Maryland

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558503

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Beth Berry

Mailing Address 500 Interstate Boulevard South

City State Zip Code
 Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Sr. Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558984

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James L Brexler

Mailing Address 975 East Third Street

City State Zip Code
 Chattanooga TN 37403-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558985

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Jeannine Briley

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Vice President, Education Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558986

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Chris Clarke

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation

Senior Vice President, Clinical and Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558988

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. James Byrd

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bradley Memorial Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558989

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna Dickens Mailing Address 500 Interstate Boulevard South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558990 Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Hospital Association Occupation Vice President, Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich Mailing Address 500 Interstate Boulevard South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558991 Amount of Each Receipt this Period 250.00
Name of Employer Tennessee Hospital Association Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. James L. Goodloe Mailing Address 500 Interstate Blvd. South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13558994 Amount of Each Receipt this Period 1000.00
Name of Employer Tennessee Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558998

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Bill Jolley

Mailing Address 500 Interstate Blvd., South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13558999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Michelle Long

Mailing Address 500 Interstate Blvd. South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
SVP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559002

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David H. McClure Mailing Address 500 Interstate Boulevard South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559004 Amount of Each Receipt this Period 250.00
Name of Employer Tennessee Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Kem Mullins Mailing Address 2986 Kate Bond Road City State Zip Code Bartlett TN 38133-4003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559006 Amount of Each Receipt this Period 250.00
Name of Employer Saint Francis Hospital-Bartlett Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. Paul R Bengtson Mailing Address P O Box 905 City State Zip Code Saint Johnsbury VT 05819-9962 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559015 Amount of Each Receipt this Period 250.00
Name of Employer Northeastern Vermont Regional Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Barry G Beeman

Mailing Address 17 Belmont Avenue

City State Zip Code
Brattleboro VT 05301-6613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brattleboro Memorial Hosp-
italOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559016

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marie Beatrice Grause, RN, JD

Mailing Address 1580 North Street

City State Zip Code
Montpelier VT 05602-2997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vermont Association of Ho-
spitals & HeaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559017

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph L Woodin

Mailing Address P O Box 2000

City State Zip Code
Randolph VT 05060-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gifford Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 228
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy L Charles

Mailing Address 701 Tenth Street SE

City State Zip Code
 Cedar Rapids IA 52403-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559118

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Vicki L. Briggs

Mailing Address 196 Highland View Dr

City State Zip Code
 Birmingham AL 35242-6847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559166

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. William H Anderson

Mailing Address P O Box 610

City State Zip Code
 Sheffield AL 35660-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helen Keller Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559218

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Heidi L. Gartland Mailing Address 5958 Heather Lane City Hudson State OH Zip Code 44236-4325 FEC ID number of contributing federal political committee. C Name of Employer University Hospitals of Cleveland Occupation Vice President, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559219 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Ms. Laura Miller Mailing Address 1616 Whispering Pines Lane City Bellefontaine State OH Zip Code 43311-9240 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Assistant VP, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559225 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Ms. Lynn R. Olman Mailing Address 1348 Custer Avenue City Cincinnati State OH Zip Code 45208-2525 FEC ID number of contributing federal political committee. C Name of Employer Greater Cincinnati Health Council Occupation President Emeritus Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559226 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Joan G. Swenson Mailing Address 3321 Beaumonde Lane City State Zip Code Kettering OH 45409-1149 FEC ID number of contributing federal political committee. C Name of Employer Kettering Medical Center- Network Occupation Director, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559227 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Richard F Castrop Mailing Address 55 Hospital Drive City State Zip Code Athens OH 45701-2302 FEC ID number of contributing federal political committee. C Name of Employer O'Bleness Memorial Hospit- al Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559228 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Ms. Tamara Gump Mailing Address 201 East glen Drive City State Zip Code Bellefontaine OH 43311-9106 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559229 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)**375.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick J Martin

Mailing Address 272 Benedict Avenue

City State Zip Code
 Norwalk OH 44857-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fisher-Titus Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559230

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr William A Powel

Mailing Address 525 East Market Street

City State Zip Code
 Akron OH 44309-2090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Health System

Occupation
Vice President Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559231

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Dominic Prunte

Mailing Address 2814 Bryden Road

City State Zip Code
 Columbus OH 43209-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559232

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ted Ripperger

Mailing Address 3280 Showmaker Road

City	State	Zip Code
Lebanon	OH	45036-9066

FEC ID number of contributing
federal political committee.**C**Name of Employer
Middletown Regional Hospi-
talOccupation
Personnel Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559233

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia A Ruffin

Mailing Address 7007 Powers Boulevard

City	State	Zip Code
Parma	OH	44129-5437

FEC ID number of contributing
federal political committee.**C**Name of Employer
Parma Community General
HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559234

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr Howard Sniderman

Mailing Address 401 North Ewing Street

City	State	Zip Code
Lancaster	OH	43130-3372

FEC ID number of contributing
federal political committee.**C**Name of Employer
Fairfield Medical CenterOccupation
Vice President Professional and Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559235

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Joe Tal Mailing Address 9691 Stoney Creek Lane City Cleveland State OH Zip Code 44130-4768 FEC ID number of contributing federal political committee. C Name of Employer Parma Community General Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559236 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr Eugene A Thorn Mailing Address 659 Boulevard City Dover State OH Zip Code 44622-2077 FEC ID number of contributing federal political committee. C Name of Employer Union Hospital Occupation Vice President Finance and Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559237 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Ms. Carol J. Turner Mailing Address 1329 Wispering Woods Lane City Springboro State OH Zip Code 45066-9618 FEC ID number of contributing federal political committee. C Name of Employer Middletown Regional Hospital Occupation Executive VP & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559238 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)**375.00****TOTAL** This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Cheryl Brooks Mailing Address 737 North Barron Street City Kenton State OH Zip Code 43326-1409 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Asst. Vice President Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559239 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Ron Carmin Mailing Address 205 Palmer Avenue City Bellefontaine State OH Zip Code 43311-2281 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Vice President Fiscal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559240 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Ms. Marcia M. Davis Mailing Address 17850 Snider Road City Jackson Center State OH Zip Code 45334-9733 FEC ID number of contributing federal political committee. C Name of Employer Mary Rutan Hospital Occupation Vice President, Patient Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13559241 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)**375.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Timothy L. Froebe

Mailing Address 6429 Road 14

City State Zip Code
 Bellefontaine OH 43357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559242

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Bijan J. Goodarzi, MD

Mailing Address 6820 Layman Drive

City State Zip Code
 Nashport OH 43830-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559243

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Becky Nicholl

Mailing Address 204 North Hayes Street

City State Zip Code
 Bellefontaine OH 43311-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan Hospital

Occupation
Vice President, Quality Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559244

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dwight Spencer

Mailing Address 4875 County Road 20

City State Zip Code
Rushsylvania OH 43347-9749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559245

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr Peter J King

Mailing Address 405 Grand Avenue

City State Zip Code
Dayton OH 45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Hospital and Me-
dical CenterOccupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559246

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Ronald Klein

Mailing Address 647 E Street, Rt. 73

City State Zip Code
Springboro OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center-
NetworkOccupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559247

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frank J Bartell

Mailing Address 5901 Monclova Road

City State Zip Code
Maumee OH 43537-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559248

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Melvin R Creeley

Mailing Address 425 West Fifth Street

City State Zip Code
East Liverpool OH 43920-2498

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Liverpool City Hospi-
tal

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559249

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Douglas W McNeill, , FACHE

Mailing Address 105 McKnight Drive

City State Zip Code
Middletown OH 45044-4838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middletown Regional Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559250

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cathleen K Nelson

Mailing Address 2600 Navarre Avenue

City State Zip Code
Oregon OH 43616-3297

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Mercy HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559252

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. LaMar L Wyse

Mailing Address 269 Portland Way South

City State Zip Code
Galion OH 44833-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galion Community HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559253

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Mandy C Goble

Mailing Address 205 Palmer Avenue

City State Zip Code
Bellefontaine OH 43311-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Rutan HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559254

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas L Sieber

Mailing Address 2951 Maple Avenue

City State Zip Code
 Zanesville OH 43701-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559255

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mina H Ubbing

Mailing Address 401 North Ewing Street

City State Zip Code
 Lancaster OH 43130-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William W Harding

Mailing Address 659 Boulevard

City State Zip Code
 Dover OH 44622-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13559257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 138 / 228
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James Akers

Mailing Address 430 Thorn Hill Lane

City	State	Zip Code
Middletown	OH	45042-3664

FEC ID number of contributing
federal political committee.**C**Name of Employer
Middletown Regional Hospi-
talOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559258

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ronald S Owen

Mailing Address P O Box 6987

City	State	Zip Code
Dothan	AL	36302-6987

FEC ID number of contributing
federal political committee.**C**Name of Employer
Southeast Alabama Medical
CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	6

Transaction ID: 13559259

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth Hanover

Mailing Address 3200 Burnet Avenue

City	State	Zip Code
Cincinnati	OH	45229-3019

FEC ID number of contributing
federal political committee.**C**Name of Employer
Health Alliance of Greater
CincinnatiOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13559260

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Chris Johns

Mailing Address P O Box 886

City State Zip Code
 Monroeville AL 36461-0886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559261

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms Talana Bell

Mailing Address P O Box 6907

City State Zip Code
 Dothan AL 36302-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559263

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Ralph H. Clark

Mailing Address 603 Oakhill Avenue

City State Zip Code
 Sheffield AL 35660-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Community Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 6

Transaction ID: 13559404

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey M Fried, , FACHE

Mailing Address 424 Savannah Road

City State Zip Code
Lewes DE 19958-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beebe Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13565389

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Norman Hubbard

Mailing Address 825 Eastlake Avenue East

City State Zip Code
Seattle WA 98109-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seattle Cancer Care Alliance

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566359

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Ms. Elaine Couture

Mailing Address 101 West Eighth Avenue

City State Zip Code
Spokane WA 99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566360

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Shaun Koos

Mailing Address 400 South 43rd Street

City State Zip Code
 Renton WA 98055-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Medical Center

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566363

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Henry Turner

Mailing Address 1654 103rd S.E.

City State Zip Code
 Bellevue WA 98004-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566364

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kirby McDonald

Mailing Address 3847 Hunts Point Rd.

City State Zip Code
 Hunts Point WA 98004-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Health Services

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13566365

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr John Biancamano

Mailing Address P O Box 5037

City	State	Zip Code
Hartford	CT	06102-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford HospitalOccupation
Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13567243

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Martin J. Gavin

Mailing Address 108 Winding Lane

City	State	Zip Code
Avon	CT	06001-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Children's Me-
dical CenterOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13567244

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Alfred Herzog, M.D.

Mailing Address 97 Surrey Lane

City	State	Zip Code
Glastonbury	CT	06033-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford HospitalOccupation
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13567245

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings Mailing Address 365 Montauk Avenue City State Zip Code New London CT 06320-4700 FEC ID number of contributing federal political committee. C Name of Employer Lawrence & Memorial Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13567246 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr Vincent Capece Mailing Address 28 Crescent Street City State Zip Code Middletown CT 06457-3650 FEC ID number of contributing federal political committee. C Name of Employer Middlesex Hospital Occupation Vice President Finance and Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13567247 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Joseph J. Klimek Mailing Address 110 Barnes Road City State Zip Code Wallingford CT 06492-1802 FEC ID number of contributing federal political committee. C Name of Employer Hartford Hospital Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13567248 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr James Staten

Mailing Address 20 York Street

City State Zip Code
 New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale-New Haven Hospital

Occupation
Senior Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567249

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Vincent Petrini

Mailing Address 20 York Street

City State Zip Code
 New Haven CT 06510-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567250

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Peter N Herbert, M.D.

Mailing Address 789 Howard Avenue

City State Zip Code
 New Haven CT 06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567251

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Richard D'Aquila

Mailing Address 789 Howard Avenue

City State Zip Code
 New Haven CT 06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven Health Sys-
tem

Occupation
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567252

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert E Smanik, , FACHE

Mailing Address P O Box 6001

City State Zip Code
 Putnam CT 06260-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Kimball Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567255

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William C. Powanda

Mailing Address 27 Partridge Drive

City State Zip Code
 Seymour CT 06483-2217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Griffin Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567256

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frank J Kelly
Mailing Address 24 Hospital Avenue

City State Zip Code
Danbury CT 06810-6099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567257

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. David Rackliffe
Mailing Address PO Box 977

City State Zip Code
Bristol CT 06011-0977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Hospital

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13567258

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Ingo Angermeier, , FACHE
Mailing Address 101 East Wood Street

City State Zip Code
Spartanburg SC 29303-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spartanburg Regional Medi-
cal Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605310

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Formella
Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth-Hitchcock Medic-
al Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605312

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Douglas F Dean
Mailing Address One Elliot Way

City State Zip Code
Manchester NH 03103-3599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliot Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605313

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Kevin J Callahan
Mailing Address 5 Alumni Drive

City State Zip Code
Exeter NH 03833-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13605314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Alyson Pitman Giles Mailing Address 100 McGregor Street City Manchester State NH Zip Code 03102-3770 FEC ID number of contributing federal political committee. C Name of Employer Catholic Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13605315 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Russell G Keene Mailing Address 59 Page Hill Road City Berlin State NH Zip Code 03570-3542 FEC ID number of contributing federal political committee. C Name of Employer Androscoggin Valley Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13605316 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Charles Stokes Mailing Address 4438 Meadow Circle City Belden State MS Zip Code 38826 FEC ID number of contributing federal political committee. C Name of Employer North Mississippi Medical Center - Tup Occupation Hospital Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13606043 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. John Chioco Mailing Address 1220 Jefferson Street City State Zip Code Laurel MS 39440-4374 FEC ID number of contributing federal political committee. C Name of Employer South Central Regional Medical Center Occupation Associate Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13606047 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Mr. Charles L. Harrison Mailing Address 116 Woodgreen Crossing City State Zip Code Madison MS 39110-4522 FEC ID number of contributing federal political committee. C Name of Employer Mississippi Hospital Association Occupation Executive Director, MHEFA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13606495 Amount of Each Receipt this Period 125.00
C. Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive City State Zip Code Jackson MS 39216-4699 FEC ID number of contributing federal political committee. C Name of Employer St. Dominic-Jackson Memorial Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.50		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13606496 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Chris Anderson

Mailing Address 2809 Denny Avenue

City State Zip Code
Pascagoula MS 39581-5300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singing River Hospital Sy-
stemOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13606497

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Hal W Leftwich, , FACHE

Mailing Address P O Box 2790

City State Zip Code
Bay St Louis MS 39521-2790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Medical CenterOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13606499

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Calvin D Johnson

Mailing Address P O Box 188

City State Zip Code
Kilmichael MS 39747-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilmichael HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13606500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Phil E. Matthews

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607387

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Lee A Simpson

Mailing Address 21 Bridgeway Road

City State Zip Code
 North Little Rock AR 72113-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer
BridgeWay, The

Occupation
Chief Executive Officer and Managing D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.60

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607388

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

C. Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13607389

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

812.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Michael D. Helm Mailing Address Post Office Box 17006 City State Zip Code Fort Smith AR 72917-7006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13607390 Amount of Each Receipt this Period 121.88
Name of Employer Sparks Regional Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.98		
B. Full Name (Last, First, Middle Initial) Mr. Timothy E Hill Mailing Address 620 North Willow Street City State Zip Code Harrison AR 72601-2994 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13607391 Amount of Each Receipt this Period 162.50
Name of Employer North Arkansas Regional Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		
C. Full Name (Last, First, Middle Initial) Ms. Mary Krinkie Mailing Address 2550 University Avenue W. Suite 350-S City State Zip Code Saint Paul MN 55114-1052 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13611006 Amount of Each Receipt this Period 264.99
Name of Employer Minnesota Hospital Association Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 514.99		

SUBTOTAL of Receipts This Page (optional)

549.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan L Stout

Mailing Address 1538 Lake Lucas Road

City State Zip Code
Asheboro NC 27205-2684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Randolph HospitalOccupation
Clinical Director, RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611008

Amount of Each Receipt this Period

295.00

B. Full Name (Last, First, Middle Initial)
Mr. David R Page

Mailing Address 2450 Riverside Avenue

City State Zip Code
Minneapolis MN 55454-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Health ServicesOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611011

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard Kreyer

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ationOccupation
Vice President, Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611012

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

1355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Tania Daniels

Mailing Address 2550 University Avenue W.

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611014

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code
 Saint Paul MN 55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611015

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)
Mr. Bruce J. Rueben

Mailing Address 4885 Pheasant Court South

City State Zip Code
 Afton MN 55001-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611018

Amount of Each Receipt this Period

231.00

SUBTOTAL of Receipts This Page (optional)

476.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark Sonneborn
Mailing Address 2550 University Avenue

City State Zip Code
St. Paul MN 55114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611020

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank Lossi
Mailing Address 200 First Street, SW

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Director State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611031

Amount of Each Receipt this Period

4000.00

C. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611032

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)

4210.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jack Breviu

Mailing Address 150 South Fifth Street

City State Zip Code
Minneapolis MN 55402-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard, Street and Deina-
rd, P.A.

Occupation
Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611035

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611036

Amount of Each Receipt this Period

90.91

C. Full Name (Last, First, Middle Initial)

Mr. Ben Koppelman

Mailing Address Albany Area Hospital
300 Third Avenue

City State Zip Code
Albany MN 56307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Area Hospital and
Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611037

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

340.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street
Suite 2300

City State Zip Code
Minneapolis MN 55402-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leonard, Street & Deinard,
PA

Occupation
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611039

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Carl P Vaagenes

Mailing Address 815 Second Street SE

City State Zip Code
Little Falls MN 56345-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Gabriel's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611040

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen Baron

Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Englewood CO 80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611128

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott Anderson

Mailing Address 7335 East Orchard Road

City	State	Zip Code
Greenwood Village	CO	80111-2582

FEC ID number of contributing
federal political committee.**C**Name of Employer
Colorado Hospital Associa-
tionOccupation
Vice President of Professional Activit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611129

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Marty ArizumiMailing Address 7335 East Orchard Road
#100

City	State	Zip Code
Englewood	CO	80111-2582

FEC ID number of contributing
federal political committee.**C**Name of Employer
Colorado Hospital Associa-
tionOccupation
Vice President of Policy Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611130

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter D. Freytag

Mailing Address 151 West Oak Hills Drive

City	State	Zip Code
Castle Rock	CO	80108-9260

FEC ID number of contributing
federal political committee.**C**Name of Employer
Colorado Hospital Associa-
tionOccupation
Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611131

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandy Merrill
Mailing Address 2776 E. Irish Place

City State Zip Code
Centennial CO 80122-3321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Director of Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611132

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Reed
Mailing Address 1268 Pomegranate Lane

City State Zip Code
Golden CO 80401-9222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Director Data Bank Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611133

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Susan Rudy
Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Englewood CO 80111-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tion

Occupation
Coordinator of Advocacy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13611134

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Janet Stephens

Mailing Address 6014 Watson Drive

City State Zip Code
Fort Collins CO 80528-8877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Hospital Associa-
tionOccupation
Vice President of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611135

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. John B. Day

Mailing Address 101 Page Street

City State Zip Code
New Bedford MA 02740-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcoast Hospitals GroupOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13611617

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr Michael J Curran

Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar HealthOccupation
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13612428

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Christine Swearingen
Mailing Address 3022 Chestnut St.NW

City State Zip Code
Washington DC 20015-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
VP for Corporate Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612429

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr William L Thomas, , M.D.
Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Executive Vice President Medical Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612430

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Janis Lee Bahner

Mailing Address 517 Brook Road

City State Zip Code
Towson MD 21286-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612431

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Eric Wagner
Mailing Address 7 West Windsor Avenue

City State Zip Code
Alexandria VA 22301-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612432

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J Ryan
Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Vice President and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612433

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr Michael C Rogers
Mailing Address 5565 Sterrett Place, 5th Floor

City State Zip Code
Columbia MD 21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation
Executive Vice President Corporate Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612434

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Linda Fishman Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612435 Amount of Each Receipt this Period 250.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Vice President Federal Relations Aggregate Year-to-Date ▼ 250.00
B. Full Name (Last, First, Middle Initial) Dr. Todd Sorensen, , M.D. Mailing Address 4021 Avenue 'B' City Scottsbluff State NE Zip Code 69361-4602 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612438 Amount of Each Receipt this Period 250.00
Name of Employer Regional West Medical Cen-ter Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Ms. Joanne C. Smith, MD Mailing Address 345 East Superior Street City Chicago State IL Zip Code 60611-2654 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612494 Amount of Each Receipt this Period 500.00
Name of Employer Rehabilitation Institute of Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President & Chief Executive Officer Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen K DeVine
Mailing Address 2875 West 19th Street

City State Zip Code
Chicago IL 60623-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612495

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. James M. Hohner

Mailing Address 2159 W. Agatite

City State Zip Code
Chicago IL 60625-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Director, Advocate Health Care Foundat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612496

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Mr. Tony Mitchell

Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
VP, Communications & Government Relati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612497

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Martin Manning
Mailing Address 3013 Mary Kay Lane

City State Zip Code
Glenview IL 60026-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612498

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Mr. John Potter
Mailing Address 430 Cobblestone Drive

City State Zip Code
Aurora IL 60506-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dreyer Medical Clinic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612499

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Mr. Kenneth L Smithmier
Mailing Address 2300 North Edward Street

City State Zip Code
Decatur IL 62526-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decatur Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612500

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith E Steffen

Mailing Address 530 NE Glen Oak Avenue

City State Zip Code
 Peoria IL 61637-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Francis Medical
Center

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612501

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Mr. James M Moore

Mailing Address 800 NE Glen Oak Avenue

City State Zip Code
 Peoria IL 61603-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612502

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark R Neaman

Mailing Address 1301 Central Street

City State Zip Code
 Evanston IL 60201-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Northwestern Hea-
lthcare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612503

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Kevin P Poorten

Mailing Address P O Box 707

City State Zip Code
 Dekalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kish Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612504

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Brad Copple

Mailing Address P O Box 707

City State Zip Code
 De Kalb IL 60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kishwaukee Community Hosp-
ital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612505

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert G Senneff, , FACHE

Mailing Address 210 West Walnut Street

City State Zip Code
 Princeton IL 61520-2497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Graham Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612506

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jesse P. Hall
Mailing Address 1948 Elmwood Avenue

City State Zip Code
Wilmette IL 60091-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Park Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612507

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey L Durham
Mailing Address P O Box 850

City State Zip Code
Metropolis IL 62960-0850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massac Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612509

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Association

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612513

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612514

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1543.75

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612515

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1755 Maple Lane		Transaction ID: 13612516
City Wheaton	State IL	Zip Code 60187-3317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Central DuPage Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1437.50	

B. Full Name (Last, First, Middle Initial) Mr. John J. Raleigh		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1141 East Warrenville Road		Transaction ID: 13612517
City Naperville	State IL	Zip Code 60563-1493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Illinois Hospital Association	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Mr. Mark Deaton		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 740 North Hayes		Transaction ID: 13612518
City Oak Park	State IL	Zip Code 60302-1706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Illinois Hospital Association	Occupation Sr. VP, General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.88	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth L Smithmier

Mailing Address 2300 North Edward Street

City	State	Zip Code
Decatur	IL	62526-4192

FEC ID number of contributing
federal political committee.**C**Name of Employer
Decatur Memorial HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City	State	Zip Code
Naperville	IL	60563-9339

FEC ID number of contributing
federal political committee.**C**Name of Employer
Illinois Hospital Associa-
tionOccupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612535

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City	State	Zip Code
Naperville	IL	60563-9339

FEC ID number of contributing
federal political committee.**C**Name of Employer
Illinois Hospital Associa-
tionOccupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13612537

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

543.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.71

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612541

Amount of Each Receipt this Period

20.83

B. Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612542

Amount of Each Receipt this Period

31.25

C. Full Name (Last, First, Middle Initial)

Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612543

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Filliung
Mailing Address 1013 59th Street

City State Zip Code
Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612544

Amount of Each Receipt this Period

10.42

B. Full Name (Last, First, Middle Initial)
Mr. Brian Foster
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.72

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612545

Amount of Each Receipt this Period

20.83

C. Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat
Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.70

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612546

Amount of Each Receipt this Period

7.81

SUBTOTAL of Receipts This Page (optional)

39.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 716.71		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612548 Amount of Each Receipt this Period 20.83
B. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City Wheaton State IL Zip Code 60187-3317 FEC ID number of contributing federal political committee. C Name of Employer Central DuPage Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1475.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612552 Amount of Each Receipt this Period 37.50
C. Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. C Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13612553 Amount of Each Receipt this Period 31.25

SUBTOTAL of Receipts This Page (optional)

89.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman
Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612555

Amount of Each Receipt this Period

10.50

B. Full Name (Last, First, Middle Initial)
Ms. Nichole Magalis
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612557

Amount of Each Receipt this Period

10.42

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges
Mailing Address 1151 E. Warrenville Road
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612558

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

52.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612561

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13612565

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Mr. Neil Cotter

Mailing Address 5878 Stonebridge Circle

City

Milford

State

OH

Zip Code

45150-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown County General Hosp-
ital

Occupation

Manager of Plant Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13614321

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 228

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Albert L. Alexander

Mailing Address P.O. Box 2830

City

Daytona Beach

State

FL

Zip Code

32120-2830

FEC ID number of contributing
federal political committee.**C**Name of Employer
Halifax Fish Medical System

Occupation

Chief Human Resources Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	6

Transaction ID: 13617495

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas Baer

Mailing Address 77 Tallwood Road

City

Jacksonville

State

FL

Zip Code

32250-2924

FEC ID number of contributing
federal political committee.**C**Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation

President and Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	6

Transaction ID: 13617496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Brad Bjornstad, M.D.

Mailing Address 3100 East Fletcher Avenue

City

Tampa

State

FL

Zip Code

33613-4613

FEC ID number of contributing
federal political committee.**C**Name of Employer
University Community Hosp-
ital

Occupation

Vice President Medical Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	6

Transaction ID: 13617498

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel Carlson

Mailing Address 9939 Santa Barbara Court

City State Zip Code
 Howey In The Hills FL 34737-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leesburg Regional Medical
Center

Occupation
Vice President, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Frank L Davis

Mailing Address 1242 Harbour Point Drive

City State Zip Code
 Port Orange FL 32127-5608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospice of Palm Beach Cou-
nty

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms Lori Delone

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
 Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617505

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jeff Feasel Mailing Address 303 North Clyde Morris Blvd City State Zip Code Daytona Beach FL 32114-2709 FEC ID number of contributing federal political committee. C Name of Employer Halifax Community Health System Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617508 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. William A Giudice Mailing Address 1300 Miccosukee Road City State Zip Code Tallahassee FL 32308-5093 FEC ID number of contributing federal political committee. C Name of Employer Tallahassee Memorial HealthCare Occupation Chief Financial Officer and Vice Presi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617509 Amount of Each Receipt this Period 375.00
C. Full Name (Last, First, Middle Initial) Mr. Timothy J Goldfarb Mailing Address P O Box 100326 City State Zip Code Gainesville FL 32610-0326 FEC ID number of contributing federal political committee. C Name of Employer Shands at the University of Florida Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617510 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lars Houmann

Mailing Address 601 East Rollins Street

City State Zip Code
 Orlando FL 32803-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617511

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn Hughes

Mailing Address 12 Hammock Beach Parkway

City State Zip Code
 Palm Coast FL 32137-0303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Donald L Jernigan, , Ph.D.

Mailing Address 111 North Orlando Avenue

City State Zip Code
 Winter Park FL 32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617514

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Late, MHS

Mailing Address 444 North Capitol Street, NW
Suite 532

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617518

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. Arvin Lewis

Mailing Address 778 Foxhound Drive

City State Zip Code
Port Orange FL 32128-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jim L Mayo

Mailing Address 1250 South 18th Street

City State Zip Code
Fernandina Beach FL 32034-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center Na-
ssau

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617523

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

545.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Emil P Miller Mailing Address P O Box 565002, Mail Stop 1 City State Zip Code Rockledge FL 32956-5002 FEC ID number of contributing federal political committee. C Name of Employer Wuesthoff Medical Center - Rockledge Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617527 Amount of Each Receipt this Period 45.00
B. Full Name (Last, First, Middle Initial) Ms. Phillis Oeters Mailing Address 6855 Red Road, Suite 600 City State Zip Code Miami FL 33143-3632 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health South Florida Occupation Corporate Vice President Government and Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617531 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr Christain C Patrick, , M.D., Ph Mailing Address 3100 SW 62nd Avenue City State Zip Code Miami FL 33155-3009 FEC ID number of contributing federal political committee. C Name of Employer Miami Children's Hospital Occupation Chief Medical Officer and Senior Vice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6 Transaction ID: 13617532 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Eric Peburn

Mailing Address 7 Fairvinds Circle

City State Zip Code
Ormond Beach FL 32176-2195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617533

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Joe Petrock

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Director Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617534

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Mary Alice Phelan

Mailing Address 2970 St. Johns Avenue
#5D

City State Zip Code
Jacksonville FL 32205-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Harry Reese

Mailing Address 303 North Clyde Morris Blvd

City State Zip Code
Daytona Beach FL 32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William J. Robinson

Mailing Address 9231 S.W. 42nd Lane

City State Zip Code
Gainesville FL 32608-4171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Sr. VP & Treasurer/Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Paul M Rosenberg

Mailing Address 1600 SW Archer Road

City State Zip Code
Gainesville FL 32610-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands HealthCare

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617540

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Deanna Schaeffer
Mailing Address 16 Remington Road

City State Zip Code
Ormond Beach FL 32174-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617542

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles A Schauer, , Ph.D.
Mailing Address 3599 University Blvd South

City State Zip Code
Jacksonville FL 32216-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Rehabilitation Hos-
pital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617543

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Rhonda Sherrod
Mailing Address 1100 SW 11th Street

City State Zip Code
Live Oak FL 32060-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at Live Oak

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617544

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Edward Simpson

Mailing Address 4626 Harbour Village Blvd.

City State Zip Code

Ponce Intel

FL

32117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Community Health
System

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Alfred G Stubblefield

Mailing Address 1717 North 'E' Street, Ste 320

City State Zip Code

Pensacola

FL

32501-6377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care Corpo-
ration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617548

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. William E. Woeltjen

Mailing Address 1020 Sonato Lane

City State Zip Code

Apollo Beach

FL

33572-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Health System

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 13617553

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alan D Knight, , CHE
Mailing Address 275 Sandwich Street

City State Zip Code
Plymouth MA 02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 6

Transaction ID: 13618867

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. David W Benfer, , FACHE
Mailing Address 1450 Chapel Street

City State Zip Code
New Haven CT 06511-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital of Saint Raphael

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 6

Transaction ID: 13619483

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Clark R. Cosse, III
Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Vice President, Legal & Government Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620695

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ralph Dean Mailing Address 1401 Foucher Street City State Zip Code New Orleans LA 70115-3515 FEC ID number of contributing federal political committee. C Name of Employer Touro Infirmary Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13620696 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Mr. James K Elrod Mailing Address 2600 Greenwood Road City State Zip Code Shreveport LA 71130-2600 FEC ID number of contributing federal political committee. C Name of Employer Willis-Knighton Health System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13620697 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Mr. Erie J. Hebert, Jr., FAHCE Mailing Address 1101 Medical Center Blvd. City State Zip Code Marrero LA 70072-3191 FEC ID number of contributing federal political committee. C Name of Employer West Jefferson Medical Center Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 13620698 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	9		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leslie D Hirsch, , FACHE

Mailing Address 1401 Foucher Street

City

New Orleans

State

LA

Zip Code

70115-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Touro Rehabilitation Cent-
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620699

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William R Holman, , CHE

Mailing Address P O Box 2511

City

Baton Rouge

State

LA

Zip Code

70821-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge General Medic-
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620700

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark E Marley, , CHE

Mailing Address P O Box 2009

City

Natchitoches

State

LA

Zip Code

71457-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natchitoches Regional Med-
ical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark J Peters, , M.D.

Mailing Address 4200 Houma Boulevard

City State Zip Code
 Metairie LA 70006-2970

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Jefferson General Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620702

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas J Stone, , CHE

Mailing Address P O Drawer 1368

City State Zip Code
 Ruston LA 71273-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620704

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Sue Zoeller

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620705

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Alfred Abunza

Mailing Address 1101 Medical Center Boulevard

City State Zip Code
 Marrero LA 70072-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620706

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth E Alexander

Mailing Address 8595 United Plaza Boulevard

City State Zip Code
 Baton Rouge LA 70809-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHSOUTH Rehabilitation
Hospital of

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620707

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Theresa Anderson

Mailing Address 1101 Medical Center Blvd.

City State Zip Code
Marrero LA 70072-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620708

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr James P Barbuat

Mailing Address P O Box 1389

City State Zip Code
Opelousas LA 70571-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Opelousas General Health
System

Occupation
Vice President Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620709

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. William F Barrow

Mailing Address P O Box 4027

City State Zip Code
Lafayette LA 70502-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of Lourdes Regio-
nal Medical C

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620710

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James E Cathey

Mailing Address P O Box 2668

City

Hammond

State

LA

Zip Code

70404-2668

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Oaks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13620711

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John J. Finn, Ph.D.

Mailing Address 417 Magnolia Lane

City

Mandeville

State

LA

Zip Code

70471-1646

FEC ID number of contributing
federal political committee.**C**Name of Employer
Metropolitan Hospital Cou-
ncil of New O

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13620712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Conrad G Flowers

Mailing Address 1900 Main Street

City

Franklinton

State

LA

Zip Code

70438-3688

FEC ID number of contributing
federal political committee.**C**Name of Employer
Riverside Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13620713

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Ellen M Jones

Mailing Address P O Box 3401

City

Lake Charles

State

LA

Zip Code

70602-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRISTUS St. Patrick Hosp-
ital of Lake

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620714

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Cliff LeBlanc

Mailing Address 2400 Hospital Drive

City

Bossier City

State

LA

Zip Code

71111-2385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willis-Knighton Bossier
Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620715

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Mitchell Leckelt

Mailing Address 1101 Medical Center Blvd.

City

Marrero

State

LA

Zip Code

70072-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620716

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dee LeJeune

Mailing Address 1125 West Highway 30

City State Zip Code
 Gonzales LA 70737-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Phyllis Peoples, , MSN, R.N

Mailing Address P O Box 6037

City State Zip Code
 Houma LA 70361-6037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terrebonne General Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620718

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City State Zip Code
 Abita Springs LA 70420-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
VP, Health Economics & Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620719

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Chris Vidrine Mailing Address 9521 Brookline Avenue City State Zip Code Baton Rouge LA 70809-8409 FEC ID number of contributing federal political committee. C Name of Employer Louisiana Hospital Association Occupation Policy Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13621280 Amount of Each Receipt this Period 212.50
B. Full Name (Last, First, Middle Initial) Ms. Susan Tudor Mailing Address 3330 Masonic Drive City State Zip Code Alexandria LA 71301-3841 FEC ID number of contributing federal political committee. C Name of Employer Christus St. Frances Cabrini Hospital Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13621281 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Ms. Marcia Fries Mailing Address 9521 Brookline Avenue City State Zip Code Baton Rouge LA 70809-8409 FEC ID number of contributing federal political committee. C Name of Employer Louisiana Hospital Association Occupation Emergency Preparedness Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 Transaction ID: 13621300 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

537.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gary Kaplan
Mailing Address 1100 Ninth Avenue

City State Zip Code
Seattle WA 98101-2799

FEC ID number of contributing
federal political committee.**C**Name of Employer
Virginia Mason Medical Ce-
nterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13625875

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas W Wilbur
Mailing Address 714 West Pine Street

City State Zip Code
Newport WA 99156-9046

FEC ID number of contributing
federal political committee.**C**Name of Employer
Newport Hospital and Heal-
th ServicesOccupation
Chief Executive Officer and Superinten

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13625876

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward B Heaton, , M.D.
Mailing Address 102 Irving Street NW

City State Zip Code
Washington DC 20010-2949

FEC ID number of contributing
federal political committee.**C**Name of Employer
National Rehabilitation
HospitalOccupation
Senior Vice President and Medical Dire

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	6

Transaction ID: 13643401

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard T. Palmisano, II, R.N.

Mailing Address 71 Hospital Avenue

City	State	Zip Code
North Adams	MA	01247-2504

FEC ID number of contributing
federal political committee.**C**Name of Employer
Northern Berkshire Health-
care, Inc.Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: 13645354

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeff Collins

Mailing Address 101 West Eighth Avenue

City	State	Zip Code
Spokane	WA	99204-2307

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sacred Heart Medical Cent-
erOccupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 13653313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bigelow, Bennett & LeedomMailing Address 1700 Seventh Avenue
Suite 1900

City	State	Zip Code
Seattle	WA	98101

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	6

Transaction ID: 13874229

Amount of Each Receipt this Period

450.00

See below

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Mike Madden Mailing Address 1700 Seventh Avenue Suite 1900 City State Zip Code Seattle WA 98101-1397 FEC ID number of contributing federal political committee. C Name of Employer Bennett, Bigelow & Leedom Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13874232 Amount of Each Receipt this Period 225.00 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Ms. Elizabeth Leedom Mailing Address 1700 Seventh Avenue Suite 1900 City State Zip Code Seattle WA 98101-1397 FEC ID number of contributing federal political committee. C Name of Employer Bennett, Bigelow & Leedom Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 13874233 Amount of Each Receipt this Period 225.00 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00		Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR1034595118313 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1045726218313	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation VP & Chief Washington Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1000.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1113464218313	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>10.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Section Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW			Transaction ID: PR1125613618313	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1260472918313

Amount of Each Receipt this Period

27.76

P/R Deduction (\$13.89 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727318313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Deborah F. Weiner

Mailing Address 11004 Petersburg

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

107.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777818313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801718313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812018313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851918313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858018313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877818313

Amount of Each Receipt this Period

0.16

P/R Deduction (\$0.16 Bi-W-
eekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942118313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094118313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

50.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach
Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Donna J. Melkonian
Mailing Address 5545 N. Wayne

City State Zip Code
Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223818313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Calbreith L. Simpson
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224818313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224918313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Ronald O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
 Eagle ID 83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241418313

Amount of Each Receipt this Period

55.52

P/R Deduction (\$27.78 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260918313

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

175.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310418313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen
Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312718313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341818313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511818313

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 909 N. Madison St.

City State Zip Code
Arlington VA 22205-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512018313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey
Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Director, Psychiatric and Substance Abuse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013418313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

135.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

Mailing Address 1905 Christopher Place

City State Zip Code
Harrisburg PA 17110-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
President, Center for Healthcare Gover

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071318313

Amount of Each Receipt this Period

100.00

P/R Deduction (\$60.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215718313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329342618313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris Mailing Address 1136 W. Farwel Unit 1W City Chicago State IL Zip Code 60626-3861 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Executive Director, ASDVS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329654218313 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Tama Mattocks Mailing Address 1201 Pennsylvania Ave, NW 5th Floor City Washington State DC Zip Code 20004-2401 FEC ID number of contributing federal political committee. C Name of Employer Strategic Health Care Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330273418313 Amount of Each Receipt this Period 20.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Patricia Meersman Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Executive Services Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330343318313 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475418313

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534318313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547718313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549218313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776118313

Amount of Each Receipt this Period

43.46

P/R Deduction (\$21.74 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
 Alexandria VA 22301-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304218313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

73.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331379118313 Amount of Each Receipt this Period 29.35	
Mailing Address 325 Seventh Street, NW Suite 700				
City Washington State DC Zip Code 20004-2818				
FEC ID number of contributing federal political committee. C				
Name of Employer American Organization of Nurse Executi		Occupation Director, Federal Relations & Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331386918313 Amount of Each Receipt this Period 10.00	
Mailing Address 325 Seventh Street, NW Suite 700				
City Washington State DC Zip Code 20004-2818				
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Associa- tion-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416018313 Amount of Each Receipt this Period 0.16	
Mailing Address PO Box 15587				
City Austin State TX Zip Code 78761-5587				
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Associa- tion		Occupation AHA Regional Executive for TX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

39.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533218313

Amount of Each Receipt this Period

60.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR346168118313

Amount of Each Receipt this Period

0.16

P/R Deduction (\$0.16 Bi-W-
eekly)

C. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Director Executive Branch Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619718313

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

80.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR801366318313	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Dir. Policy Developme		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Ms. Lisa Kidder		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR876637218313	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR936292318313	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 10.00	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 228

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR939603918313

Amount of Each Receipt this Period

10.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

10.00

TOTAL This Period (last page this line number only)

168111.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 228

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 6

Transaction ID: 13515188

Amount of Each Receipt this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
Madison WI 53725-9038

FEC ID number of contributing
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9605.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547588

Amount of Each Receipt this Period

1907.29

C. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 6

Transaction ID: 13547594

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

21907.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 228

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

154000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 13547890

Amount of Each Receipt this Period

9000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

30907.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 228

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4022.45

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: 13620767

Amount of Each Receipt this Period

308.93

B. Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3713.52

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 6

Transaction ID: 13640651

Amount of Each Receipt this Period

264.03

Bank Interest

SUBTOTAL of Receipts This Page (optional)

572.96

TOTAL This Period (last page this line number only)

572.96

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 220 / 228

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13620771

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

15.50

Bank Fee

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13620768

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

139.32

Bank Fee

Full Name (Last, First, Middle Initial)

C. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 13620769

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

101.74

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

256.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620772

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

24.18

Bank Fee

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620773

Date of Disbursement

12 / 18 / 2006

Amount of Each Disbursement this Period

15.50

Bank Fee

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620770

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

233.44

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

273.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13620774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	6

Amount of Each Disbursement this Period

3.10

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

3.10

TOTAL This Period (last page this line number only)

532.78

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address 2280 Kresge Drive
Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement
Contribution

Candidate Name
Rep. Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 General Debt Re

Transaction ID: 13463539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Baron Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Mr. Baron Hill

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 9

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 General Debt Re

Transaction ID: 13463635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. John E. Sununu

Office Sought: ☐ House
☒ Senate
☐ President

State: NH District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13463343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City State Zip Code
Barrington IL 60010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 8

Disbursement For: 2006
☐ Primary ☐ General

☒ Other (specify) ▼
2006 General Debt Re

Transaction ID: 13463439

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heath Shuler For Congress

Mailing Address PO Box 97

City State Zip Code
Hazelwood NC 28738

Purpose of Disbursement
2008 Contribution

Candidate Name
Mr. Joseph Shuler

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 11

Disbursement For: 2008
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 13464830

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Heath Shuler For Congress

Mailing Address PO Box 97

City State Zip Code
Hazelwood NC 28738

Purpose of Disbursement
2008 Contribution

Candidate Name
Mr. Joseph Shuler

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 11

Disbursement For: 2008
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 13465141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ellsworth For Congress Committee

Mailing Address P.O. Box 62

City
Evansville

State
IN

Zip Code
47701

Purpose of Disbursement
Contribution

Candidate Name
Mr. Brad Ellsworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 8

2006 General Debt Re

Transaction ID: 13464106

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Joe Donnelly For Congress

Mailing Address P.O. Box 1961
 Century Building

City
South Bend

State
IN

Zip Code
46634

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Donnelly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: IN District: 2

2006 General Debt Re

Transaction ID: 13466323

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. VINEPAC: Victory in November Election PAC

Mailing Address 607 14th St. NW
 Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 13518725

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rocky Mountain PAC

Mailing Address 607 - 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13518696

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

B. Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul W. Hodes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 2

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General Debt Re

Transaction ID: 13519316

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democrats for the Future

Mailing Address 20 Park Road, Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13519094

Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM District: 1

Disbursement For: 2006
☐ Primary ☐ General

☒ Other (specify) ▼
2006 Re-Count Fund

Transaction ID: 13645417

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
2008 Contribution

Candidate Name
Rep. Phil English

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2008
☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: 13547546

Date of Disbursement

12 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Goode For Congress

Mailing Address 235 South Main Street

City Rocky Mount State VA Zip Code 24151

Purpose of Disbursement
Void of 10/06 check

Candidate Name
Rep. Virgil H. Goode, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 5

Disbursement For: 2006
☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID: 13635435

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 10/06 check

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Void of 10/06 check

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13635436

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 10/06 check

Full Name (Last, First, Middle Initial)

B. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement
Void of 8/3/06 Check

Candidate Name
Rep. Robin C. Hayes

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13656514

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

-2000.00

Void of 8/3/06 Check

Full Name (Last, First, Middle Initial)

C. Western Action PAC

Mailing Address P.O. Box 982

City Casper State WY Zip Code 82602

Purpose of Disbursement
Void of 9/06 check

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 13635438

Date of Disbursement

12 / 29 / 2006

Amount of Each Disbursement this Period

-1000.00

Void of 9/06 check

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

32000.00